

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6233</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James</u> <u>W</u> <u>Cowan</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 40128</u> Street <u>4701 BUTLER STREET</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15201</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union 249</u> Labor Organization File Number <u>028-815</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 40128</u> Street City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15201</u>
5. Position in labor organization. <u>SECRETARY-TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Stre City State ZIP Code +	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*James W. Cowan*

On

7/13/2005

Date

(412) 682-3700

Telephone Number

Name of Person Filing <b>JAMES W. COWAN</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>TEAMSTERS' INDUSTRY PENSION PLAN</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <b>3025 WASHINGTON ROAD</b></p> <p>City <b>MCMURRAY</b></p> <p>State <b>PENNSYLVANIA</b> ZIP Code + 4 <b>15317</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>TEAMSTERS LOCAL UNION # 249</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: <b>P.O. BOX 40128</b></p> <p>Street <b>4701 BUTLER STREET</b></p> <p>City <b>PITTSBURGH</b></p> <p>State <b>PENNSYLVANIA</b> ZIP Code + 4 <b>15201-0128</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>TRUSTEE - PROVIDE REPRESENTATION AND BENEFITS FOR INDIVIDUALS.</b></p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p><b>PAYMENT OF AIRFARE, TRANSPORTATION, HOTEL SEMINAR TUITION, AND MEALS AT TRUSTEE EDUCATIONAL CONFERENCE (IFEBP SEMINAR) 11/29/04 - 12/5/2004</b></p> <p>12.b. Amount. <b>\$5,330.00</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street: </p> <p>City: </p> <p>State: ZIP Code + 4: </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14.b. Amount of payment. </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

**PART B Continuation Page**

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Teamsters' Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3025 Washington Road

City McMurray

State Pennsylvania

ZIP Code + 4 15317

## 7.a. Nature of Interest, Transaction, or Income.

Pro-rata share of meeting expenses including breakfast and lunch for 2/3/2004 Board of Trustees Meeting of the Pension Fund.

## 7.b. Amount.

\$38

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Teamsters' Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3025 Washington Road

City McMurray

State Pennsylvania

ZIP Code + 4 15317

## 7.a. Nature of Interest, Transaction, or Income.

Pro-rata share of meeting expenses including breakfast and lunch for 5/25/2004 Board of Trustees Meeting of the Pension Fund.

## 7.b. Amount.

\$33

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Teamsters' Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3025 Washington Road

City McMurray

State Pennsylvania

ZIP Code + 4 15317

## 7.a. Nature of Interest, Transaction, or Income.

Pro-rata share of meeting expenses including breakfast and lunch for 8/24/2004 Board of Trustees Meeting of the Pension Fund.

## 7.b. Amount.

\$37

## PART B Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Teamsters' Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3025 Washington Road

City McMurray

State Pennsylvania

ZIP Code + 4 15317

## 7.a. Nature of Interest, Transaction, or Income.

Pro-rata share of meeting expenses including breakfast and lunch for 11/23/2004 Board of Trustees Meeting of the Pension Fund.

## 7.b. Amount.

\$35

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 7.a. Nature of Interest, Transaction, or Income.

## 7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 7.a. Nature of Interest, Transaction, or Income.

## 7.b. Amount.

Name of Person Filing @ <b>JAMES W. COWAN</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>11.a. Nature of such dealing.</b> <input type="text"/> <b>11.b. Approximate dollar value of such dealing.</b> <input type="text"/> <b>12.a. Nature of interest held or income received.</b> <input type="text"/> <b>12.b. Amount.</b> <input type="text"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <b>BEYER-BARBER COMPANY</b> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <b>1136 HAMILTON STREET-SUITE 103</b> City <b>ALLENTOWN</b> State <b>PENNSYLVANIA</b> ZIP Code + 4 <b>18101</b>	<b>14.a. Nature of payment.</b> <b>DINNER INTL. FOUNDATION OF EMPLOYEE BENEFIT PLANS 2004. NEW ORLEANS, LA. 12/4/2004</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <b>61.78</b>

Name of Person Filing <u>James Cowan</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street: _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <p>11.b. Approximate dollar value of such dealing. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> <p>12.b. Amount. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Jubelirer, Pass &amp; Intrieri, P.C.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>219 Fort Pitt Boulevard</u></p> <p>City <u>Pittsburgh</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15222</u></p>	<p>14.a. Nature of payment</p> <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <p>Christmas gift of food and beverage valued at \$65.00 from law firm who represents Teamsters Local 249.</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; text-align: center;">\$65.00</span></p>